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## BIB DATA SHEET

CONFIRMATION NO. 4840

|   |   |   |   |   |                               |                                    |
|---|---|---|---|---|-------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/567,059  | <b>FILING or 371(c)<br/>DATE</b><br>02/01/2006<br><b>RULE</b>   | <b>CLASS</b><br>436   | <b>GROUP ART UNIT</b><br>1641   | <b>ATTORNEY DOCKET<br/>NO.</b><br>06-077-US |                               |                                    |
| <b>APPLICANTS</b><br>Karl S. Booksh, Phoenix, AZ;<br>Jean-Francois Masson, Decatur, GA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/26437 08/12/2004<br>which claims benefit of 60/494,389 08/12/2003 *<br>(*)Data provided by applicant is not consistent with PTO records.<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>08/08/2006 |   |   |   |   |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /Chris Chin /<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>CC Initials | <b>STATE OR<br/>COUNTRY</b><br>AZ   | <b>SHEETS<br/>DRAWINGS</b><br>12            | <b>TOTAL<br/>CLAIMS</b><br>17 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>MCDONNELL BOEHNEN HULBERT & BERGHOFF LLP<br>300 S. WACKER DRIVE<br>32ND FLOOR<br>CHICAGO, IL 60606<br>UNITED STATES   |   |   |   |   |                               |                                    |
| <b>TITLE</b><br>Biocompatible linkers for surface plasmon resonance biosensors  |   |   |   |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>300   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                               |                                    |